

CALIFORNIA LATINO CAUCUS



LATINO LEGISLATIVE CAUCUS



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Obesity and Diabetes – No Longer Silent Killers



“If we don’t stop the current accelerating rates of obesity and diabetes, this generation of children will be the first not to outlive their parents” – Dr. Daniel Delgado, Pediatric Healthy Lifestyle Center, San Jose

This statement alone, exemplifies the magnitude of the problem we are encountering in this state and country. We’ve heard from a number of leading experts in the field, and they all constantly stress that we have an epidemic on our hands. Surgeon General Richard Carmona called the obesity epidemic a national crisis and the statistics show that the impact is felt the hardest in lower income communities of color, where the rates are much higher.

This growing prevalence of obesity in all age groups is recognized not only as a threat to health, employment, and longevity, but it is also an economic burden. In the year 2000, obesity, overweight and physical inactivity cost California an estimated \$21.7 billion (California Department of Health Services, 2005). Among children and youth, obesity may affect academic performance, and

emotional health, as well as lead to diabetes and other serious complications later in life (Koplan, 2005). Overweight children, as young as 9 years old, are now developing adult health issues such as: high blood pressure, headaches and sleep apnea. Study after study shows that inactivity and poor eating habits are the major contributing factors causing the accelerating rates of obesity and ultimately diabetes. The studies also indicate that the trends can be reversed if the right actions are implemented.

ACR 114 was a joint effort of the Asian Pacific Islander, Black and Latino Legislative caucuses, to initiate a call to action and develop those “right actions” to reverse the current trends and improve the health of Californians. The legislative task force that was formed as a result of this resolution has spent the last 6 months studying the factors that contribute to the high rates of diabetes and obesity in this country and developing recommendations to reduce the incidence of those debilitating conditions.

“We are currently working to finalize the recommendations and initiate actions that will improve the health of our children and allow them to have a future. We need to act now, we can’t afford to wait,” said Assemblymember Joe Coto, Chair of the Legislative Task Force on Diabetes and Obesity.

A Healthy Lifestyle, A Healthy Weight

The number of children who are overweight has tripled in the past 25 years. Childhood obesity has become a national epidemic, but it is an issue we all can remedy. A child's weight is most often an indication of the environment the child lives in. Many kids currently live in an "obesogenic environment" meaning their homes, habits, and communities are geared to weight gain. As a society, we need to develop strategies to ensure our children do not become overweight. The prevention of obesity is far more effective than the treatment of, and all it takes is a few simple strategies to keep your family healthy and active. Three strategies to help children attain and maintain a healthy weight are improved food choices, increased physical activity, and reduced "screen" time.

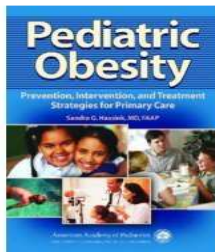
Improved food choices include foods that are brought into the home and school. As children spend most of their time in school, the staple meals of breakfast and lunch are most often determined by school administrators. As studies have shown, when a school actively makes an effort to prevent obesity, children become less likely to become overweight. An active effort includes altering

foods offered to children, such as eliminating sodas and replacing them with healthy juices, as well as increasing the importance of physical education activities.

However, a great challenge for parents is the continued advancement of technology. Nowadays, electronics that children use, keep them away from physical activity. Increasingly popular over the past few years, video game counsels, computers, and televisions, are by far the greatest challenge to maintaining a healthy weight. The increase in "screen time" offered by these devices is a substitute to the outdoor recreational activities of playing organized sports, hiking with the family, or simply riding bicycles around the neighborhood. With restricting the use of electronics, parents can take an active role in decreasing the possibility their child will be overweight.

Another strategy to keep children active is for parents to stay active with them. Children tend to want to mimic their parents' behavior, so an active parent usually results in an active and healthy child. Taking action early means a healthier and happier child now and in the years to come.

Why We Should Care About Pediatric Obesity



Pediatric obesity is a topic of serious concern, the incidence of pediatric obesity has become so prevalent and severe that today's children will be the first generation that are not expected to outlive their parents. In the state of California alone 17% of children are obese, that is nearly 1 out of every 5 children in the state of California that are obese.

Obese children were once thought of as to be carrying a lot of baby fat, fat that they would lose, as they grew older, this has been proven wrong. Children who have been obese once in their early childhood years (between the

ages of 2 and 4) are 5 more times likely to be obese at age 12 than others. Obesity early in life leads to the onset of diseases that were only seen in adults as early as 10 years ago, for example neurological diseases like severe headaches, obstructive sleep apnea causing ADHD, cardiovascular (seen at a shocking rate of 8% of children ages 2-5 presenting with hypertension), gastroenterological, endocrine disorders, orthopedic (for example Blount's disease that is when the growth plate is crushed at the knees) and psychological.

The costs of pediatric obesity is not only an issue of the quality of life issue for the children that suffer from it but also the great cost to society. Society cannot shoulder the cost of treating a generation who suffer from an epidemic that could be prevented nor can we stand by and lose of a generation of children who are our future.

Quote of the Month:

"The suffering of little children is not what is so intolerable, but the fact that it is so undeserved."

Albert Camus

Upcoming Events

April 24 & 25

CA Latino Caucus
& CCPOA *present*
CA Juvenile Justice System: A Public Policy Initiatives Summit
Westin
Bonaventure Hotel
404 South Figueroa Street
LA, CA 90071

Friday, April 25, 2008

Latino Caucus
Comcast & CLCA
present
The Honorable Cruz Reynoso
12 Noon (Lunch will be provided)
Capitol, RM 4202
Please RSVP,
Esmeralda Soria
esmeralda.soria@sen.ca.gov

Monday, April 28

Latino Caucus
Members only dinner with Chancellor Reed at McCormick and Schmick's

Upcoming
Events

Monday, May 5

Latino Caucus' 7th
Annual Latino
Spirit Awards
State Capitol,
Assembly Floor
For more
information, please
contact:

Minnie Santillan
minnie.santillan@asm.ca.gov

**Latino Caucus'
7th Annual *Cinco
de Mayo***

Celebration North
Side of the **State
Capitol**

**From 5:00 pm -
8:00 pm**

Please RSVP:
Alberto.Patricio@asm.ca.gov

**June 19 and 20,
2008**

Latino Caucus
And the
California Chamber
Sponsor a Joint
Conversation
California's
Economic
Development From
a Minority
Perspective
La Riva
Sacramento,
California
For more
information, please
contact: Minnie
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Minnie.santillan@asm.ca.gov

California Diabetes Prevention and Management Workgroup: Key Outcomes and Next Steps

The Diabetes Prevention and Management Initiative Workgroup, comprised of 28 key experts in the field of diabetes health care delivery and primary prevention, were tasked with working collaboratively with the Medi-Cal Program and the California Diabetes Program in the development and design of a five-year diabetes initiative. Representatives on the workgroup include physicians, a nutritionist, executive staff from community-based organizations and/or state associations and legislative staff. The initiative has been allocated \$150 million under the Governor's health care reform proposal.

The goal of the workgroup was specifically to provide consultation to the department program staff on design elements of the diabetes initiative, including: screening criteria for pre-diabetes and diabetes, targeted population for the initiative, and proven interventions to improve the health status of individuals diagnosed with pre-diabetes and diabetes.

A few of the key outcomes from the Workgroup include:

- The program will be known as the "Comprehensive Diabetes Services Program" (CDSP) and will utilize the most current American Diabetes Association screening criteria for diabetes testing in adults.
- CDSP is structurally modeled after the Comprehensive Perinatal Services Program and incorporates key components of the Chronic Care Model (CCM). CCM emphasizes high quality chronic disease management through a variety of elements, including: community, the health system, self-management support, delivery

system design, decision support, and clinical information systems.

- CDSP is a comprehensive diabetes screening and management program, under the Medi-Cal fee-for-service delivery system, providing enhanced diabetes prevention, screening, and treatment services for eligible low-income adults between the ages of 18-64.
- CDSP establishes screening criteria for pre-diabetes and diabetes and creates risk categories with interventions with the focus on preventing Type 2 diabetes and its complications; individuals with Type 1 diabetes will also be eligible for treatment services.

The following are a few of the next steps the Workgroup will undertake:

- Disseminate recommendations to health care reform policy community
- Continue to work on program details
- Research what other states are doing
- Assess whether or not there are overlaps/impacts with other Medi-Cal projects dealing with chronic care management.



Pediatric Obesity, the risks, the cost and the impacts.

Diseases were once thought of as only effecting overweight adults but have been present in children at an alarming rate. Depression, diabetes and other illnesses associated with obesity have increased significantly in the last ten years in California's children.

When a child suffers from obesity, every single aspect of their life is affected. Physically they are likely to experience headaches, loss of sleep, asthma, premature puberty, and diabetes. In some cases obese children's growth plates even become crushed under their own weight. Socially, obese children are often treated much older than they are, or they may be isolated among their peer community and may experience precocious puberty as obesity can affect their hormones as well.

A child suffering from obesity becomes stuck in

a cycle, a cycle that starts with a sedentary lifestyle that we see more and more in generation of kids who spend more time playing video games, less time playing outside and having more junk food available than healthy food. When a child spends more time indoors, and eating unhealthy food they become more sensitive to allergens, have a hard time sleeping. They become more tired in the morning without time to eat breakfast leading to overeating the rest of the day. They have a harder time concentrating in school and have to spend more time on their homework and less time outside playing and exercising, worsening the cycle.

Pediatric obesity robs children of their childhood years, creates health problems that will affect them the rest of their lives and its costs to society have yet to be counted. It is a cycle that needs to be broken.

Diabetes in Children: How to Detect and How to Prevent.

According to the CDC, diabetes is one of the most common chronic diseases in children; about 151,000 people below the age of 20 years have diabetes. There are two major types of diabetes, Type I and Type II. Health care providers are finding more and more children with Type II. Children diagnosed with type II diabetes are generally between 10 and 19 years old, obese, have a strong family history for type II diabetes, and have insulin resistance. Type II diabetes is more commonly seen in non-white groups. According to the National Diabetes Education Program 10 to 15 percent of children and teens are overweight – about double the number of two decades ago.

Type II diabetes in children is very difficult. Some of the symptoms of diabetes include: excessive thirst, frequent use of the bathroom, weight loss, increased hunger, blurry vision,

skin infections, wounds that don't heal, and/or extreme unexplained fatigue. In some cases, there are no symptoms, this happens at times with Type II diabetes. Children often go undiagnosed for a long time because children may have mild or no symptoms.

There are certain things everyone who has diabetes, needs to do to be healthy. You need to have an eating plan, pay attention to how much you exercise, because exercise can help your body covert insulin better to convert glucose into energy for cells.

To prevent or slow the development of diabetes you should try to maintain your weight in as normal a range as possible. If you are overweight, lose weight. In addition, develop a regular exercise program, as the exercise will help your body use insulin more effectively.

WEB ADDRESS

<http://democrats.assembly.ca.gov/LatinoCaucus/>

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For more information, please contact Minnie Santillan at 319-2023 or minnie.santillan@asm.ca.gov

"La Verdad"

10 Things Every Child Needs for the Best Start in Life

Encourage Interaction

Offer Physical Affection

Provide a Stable Relationship

Maintain a Safe, Healthy Home

Develop Strong Self-Esteem

Engage in Conversation

Make Music

Make Reading a Priority

Promote Play

Choose Quality Childcare